

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	sdam M		06-18-01
O.I.P.E. CLASSIFIER		8	6-27-01
FORMALITY REVIEW	LS	1581	8/1/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	7/2/01
2	✓
3	✓
4	✓
5	0
6	✓
7	✓
8	✓
9	0
10	0
11	0
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	0
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	0
38	0
39	0
40	0
41	✓
42	✓
43	✓
44	0
45	0
46	0
47	0
48	0
49	0
50	0

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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